

UOB DEBIT CARD DAILY/MONTHLY LIMIT FORM

Please complete all fields before mailing back to us using the enclosed Business Reply Envelope.
Please ensure that any amendment made is countersigned.

PART 1: YOUR PARTICULARS

Name (as in NRIC/Passport/FIN) (Dr./Mr./Miss/Mrs./Mdm)

NRIC/Passport No./FIN:

Contact No.:

UOB Debit Card Account:

PART 2: DEBIT CARD LIMIT

Daily Limit

Please tick one:

S\$1,000
 S\$5,000
 S\$10,000
 S\$50,000
 Others S\$ _____
 (Amount in dollars. Maximum \$50,000)

Monthly Limit

Please tick one:

S\$1,000
 S\$5,000
 S\$10,000
 S\$50,000
 Others S\$ _____
 (Amount in dollars. Maximum \$50,000)

Please note:

- The Daily and Monthly Card Limit is applicable for all Mastercard®/Visa Transactions and is for Signature-Based and Card-Not-Present (such as online, telephone, mail orders, Mastercard Contactless/Visa payWave) transactions, subject to the available of funds in your retail bank account linked to the card.
- Your Monthly limit cannot be lower than your Daily Limit. Your Monthly Limit will be adjusted to the approved Daily Limit, should the approved Daily Limit be more than the Monthly Limit.

PART 3: DECLARATION AND AGREEMENT

- I hereby agree and represent to the Bank that the particulars and information furnished by me in all documents and in this form are true and accurate, and at the time of this application, I am not an undischarged bankrupt and there has been no statutory demand served on me nor legal proceedings commenced against me.
- In order to effect my instruction, should the signature of this form differ from the record registered under my card account, I agree to allow the Bank to verify my signature against the signature of any account that I may hold with the Bank and the Bank is entitled to reject the application without assigning reason or notice to me.
- I unconditionally agree to be bound by the Terms and Conditions of the UOB Cardmember Agreement.
- I hereby acknowledge that you may choose either to approve or reject this application and I agree that you do not need to provide a reason for you approval or rejection;
- Approvals of any transactions within limits will still be subject to the bank's discretion.

Cardmember's Signature

Date

For Bank Use

Verified By: _____ Signature & Name	Processed By: _____ Signature & Name	Input By: _____ Signature & Name	Checked By: _____ Signature & Name
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Postage will be
paid by addressee.
For posting in
Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 08567



UNITED OVERSEAS BANK LIMITED
UOB CARD CENTRE
ROBINSON ROAD P.O. BOX 1688
SINGAPORE 903338

